



State of Delaware

**The Department of Services
for Children, Youth and
Their Families**

**DIVISION OF FAMILY SERVICES
CHILD ABUSE/NEGLECT MANDATORY REPORTING FORM**
(Title 16, Delaware Code, Chapter 9, Subsections 901-914)

Toll-Free 24-Hour Report Line 1-800-292-9582

INSTRUCTIONS: Any physician, and any other medical person in the healing arts including any person licensed to render services in medicine, osteopathy, dentistry, any intern, resident, nurse, medical examiner, school employee, social worker, psychologist, or any other person who knows or reasonably suspects child abuse or neglect shall make an oral report to the Report Line using the number at the top of this page in accordance with **16 Del.C., §903**.

Within 72 hours after the oral report, send a completed Child Abuse/Neglect Mandatory Reporting Form to the following address:
Please **type or print** the information and sign the form on the back.

**Division of Family Services –
State of Delaware:
87 Reads Way
New Castle, DE 19720-1648**

IDENTIFYING INFORMATION

Child's Name (Last, First, Initial)	Date of Birth/ Age	Sex	Race	Victim (Yes/No)
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1.

Current Address:

2.

Current Address:

3.

Current Address:

4.

Current Address:

5.

Current Address:

Parents'/Custodians'/Caretakers' Names (Last, First, Initial)	Date of Birth/ Age	Sex	Race	Perpetrator (Yes/No)
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Mother

6.

Current Address:

Father

7.

Current Address:

Custodian/Caretaker (Relationship)

8.

Current Address:

Please specify for numbers 1 – 8 above:

Foreign language spoken:

#'s

Specify type:

Disabilities:

#'s

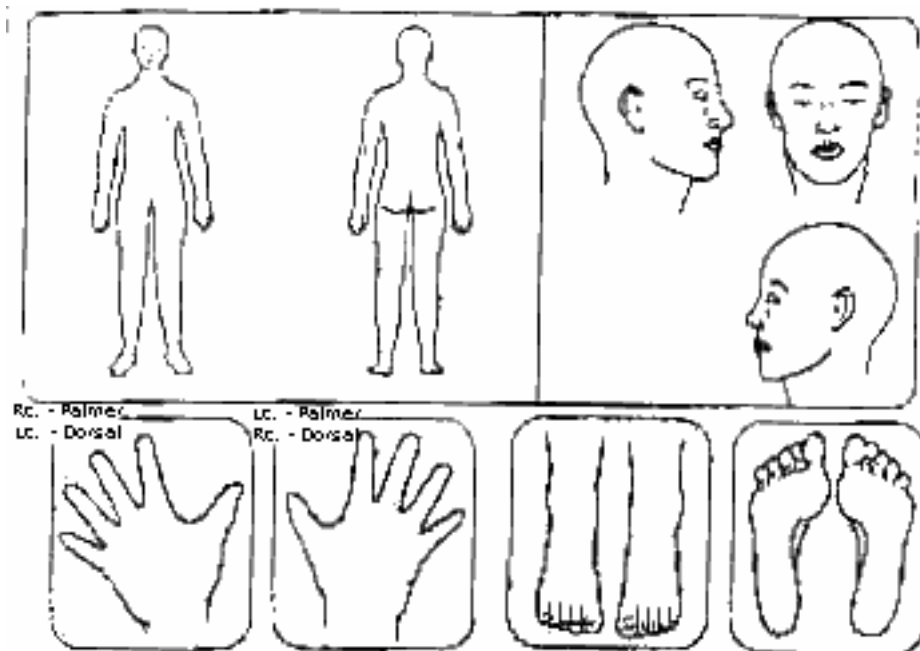
Specify type:

DESCRIPTION

1. Describe the child's current condition/injuries and the reason you suspect abuse/neglect. Include evidence, if known, of prior abuse and/or neglect to this child or sibling. Add pages or attach further written documentation as needed.

2. If applicable, note the exact location of any injury by placing a number on the model below. Use the lines to the right of the models to describe the corresponding injury that each number represents. Check the category of injuries below.

_____ Physical Abuse _____ Sexual Abuse _____ Physical Neglect



- ### 3. Actions taken "T" or pending "P"

Medical Examination

X-Rays

Photographs

____ Notification of Police

____ Notification of Medical Examiner

Other: _____

REPORTING SOURCE (CONFIDENTIAL)

Signature

Title or Relationship to Child

Date of Report

Facility/Organization

Address

Telephone No.

REPORT LINE USE ONLY

Date of Oral Report: _____

Report was: _____ Accepted _____ Rejected

Date Written Report Received: _____

Prior DFS Case Activity/Reports? ☐ Yes ☐ No If "yes", specify dates: _____